

THIS IS NOT AN INSURANCE POLICY
IT IS
A NOTICE OF INSURANCE EFFECTED
BY

Broker's Name

Address

FOR

Insured's Name

Number

Address

Date

TO THE INSURED:

We are in receipt of a written binder/cover note, granting the insurance requested. This certificate is in lieu of a policy which is not now available and may be deemed prima facie evidence of such coverage.

The coverage has been assumed by:

Company Name

Company Name

Address

Address

(NOTE: If more than one eligible insurer, list name and % of risk assumed by each)

DESCRIPTION OF COVERAGE -- Such description shall contain the following coverages:

1. Location of the Risk _____
2. Premium Charged _____
3. Term of Policy (with inception and expiration dates) _____
4. Amount or Limit of Coverage _____
5. Peril(s) or Hazard(s) Insured Against _____
6. Premium Tax as Applicable _____
7. Description of Property/Risk _____

A policy of insurance will be issued by the above named insurer(s) and delivered to you in the due course of business. When the policy is received by you, it shall serve as a replacement of this certificate. I further certify that I have received written authority or received information from the insurer(s) that such insurance is in effect.

Signature -- Surplus Lines Broker